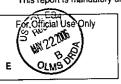
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, lines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 08018	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Ernest J Heinauer	Name Shopmen's Local Union No. 527			
1	Labor Organization File Number 032-224			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 201 Henderson Rd.	Street 2945 Banksville Rd.			
City Pittsburgh	City Pittsburgh			
State Pennsylvania ZIP Code + 4 15237	State Pennsylvania ZIP Code + 4 15216			
5. Position in labor organization. Business Manager F.S.T.				
Enter appropriate data below if, during the past fisical year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name	<u> </u>			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	1.0. Allouin.			
City	]			
State ZIP Ccde + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed E. Hen	On 5/10/2006 (412) 366-0251  Date Telephone Number			
Form LM 20 (2003)	Page 1 of 4			

Name of Person Filing Ernest Heinauer	File: Mnuipel 0- 08018
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Highmark  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 120 Fifth Ave. Place  City Pittsburgh  State Pennsylvania ZIP Code + 4 15222	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
40 MO by 0 as in absolute give trust or ampleyor's ramp	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Shopmen's Local 527 Benefit Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Healthcare provider for Benefit Fund on a premium paid basis.
Street 2945 Banksville Rd.	57 100 000
	11.b. Approximate dollar value of such dealing. \$1,100,000
City Pittsburgh  State Pennsylvania ZIP Code + 4 15216	Employer hosted golf outing; golf event preceded by brief presentation to educate attendees on current issues of importance to Highmark and its customers.
	12.b. Amount. \$261
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City State ZIP Code + 4	
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	

Name of Person Filing	Ernact	Heinauer
Manie of Ferson Linny	Ernest	Reinauer

File Number U- 08018

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Highmark	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
	c. Employer	
Street 120 Fifth Ave. Place	'J	
City Pittsburgh		!
State Pennsylvania ZIP Code + 4 15222		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Healthcare provider for Benefit Fur	d of Shopmen's
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	1	
Street		E
City		
State, ZIP Code + 4	11.b. Approximate dollar value of such dealing.	<u></u>
	12.a. Nature of interest held or income received.	
	Annual golf outing and dinner for '	Taft-Harltey
	li .	
	12.b. Amount.	\$256

File Number II+ cools		
Name of Person Filing Ernest Heinauer	Name of Person Filing Ernest Heinauer	File Number U- 08018

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (includ	ing trade name, if any).	9. Business deals with:	
Name Highmark	· · · · · · · · · · · · · · · · · · ·	a. Labor Organization	!
Trade Name, if any:		b, Trust	
P.O. Box, Bldg., Room No., if any			
Street 120 Fifth Ave. Place		c. Employer	
City Pittsburgh			
State Pennsylvania	ZIP Code + 4 15222		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
Name Shopmen's Local 527 Be		Healthcare provider for Benefit Fu	ind on a premium
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 2945 Banksville Rd.			
City Pittsburgh	—		
State Pennsylvania	ZIP Code + 4 15216	11.b. Approximate dollar value of such dealing.	\$1,100,000
		12.a. Nature of interest held or income received.	
		Employer hosted reception during Foundation of Employee Benefit Pl	International ans conference.
		$\downarrow$	
		12.b. Amount.	\$75
		IE.D. / MINORIA.	